The Madras Clinical Journal

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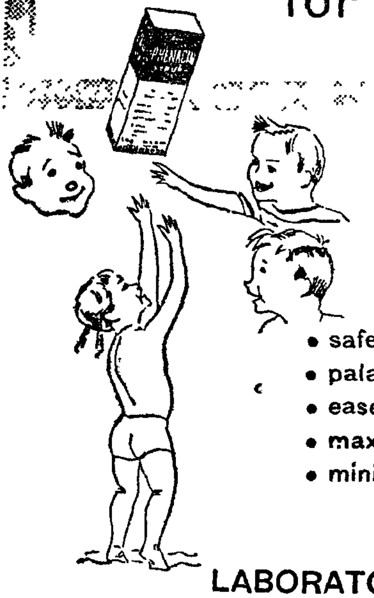

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The Madras Clinical Journal

JOURNAL OF THE MADRAS STATE BRANCH OF THE INDIAN MEDICAL ASSOCIATION

(WITH WHICH IS INCORPORATED THE " MISCELLANY ")

Vol. XXVIII April 1962 No. 10

THE SIXTEENTH MADRAS STATE MEDICAL CONFERENCE, VELLORE — A REPORT

The 16th Madras State Medical Conference, 1961, was held on the 22nd and 23rd of December, 1961 at Vellore in the Christian Medical College campus, Bagayam, Vellore, North Arcot district, under the auspices of the North Arcot Branch of the Indian Medical Association. Dr. John S. Carman, Director, Christian Medical College, Vellore (the chairman of the reception committee) and Dr. T. M. Kumaraswami, D. M. & S., L. O., the hony. general and organising secretary of the conference spared no pains with regard to the arrangements for the conference and the conference was a grand success.

Delegates and visitors to the conference began to arrive from all over the state on the evening of the 21st December itself and they were accommodated in the college hostel for men and women, according to the demand. Prominent among the visitors was Dr. K. Rangacharyulu (of Hyderabad - Andhra Predesh) the vice-president of the central I. M. A. and the representative of the W. H. O. who happened to be at Vellore on the occasion.

The programme for the conference commenced on the 1st day (22nd December 1961) with the hoisting of the national flag by Mr. C. P. Kelu Erady, the Collector of North Arcot district, and the hoisting of the flag of I. M. A. by Dr. D. V. Venkappa, the oldest member of the organisation and a past president of the central I. M. A. The conference was inaugurated by the Hon'ble Shri M. A. Manickavelu, B.A., B.L., the then minister for public health with the government of Madras, and was presided over by Dr. C. Nathamuni Naidu, L. M. (Dub.) Z. T. D. (Vienna), the elected president of the Madras State Branch of the Indian Medical Association for the year 1961—'62.

After the hoisting of the flags at the lawns, the gathering moved into the auditorium of the Christian Medical College where the conference was held, when Dr. John S. Carman, the chairman of the reception committee welcomed the gathering.

Shri M. A. Manickavelu, the health minister, then inaugurated the conference. In his inaugural speech the minister referred to the scheme for semi-doctors and observed that it was a red herring created by the press, that semi-doctors who would be adequately trained were not intended to replace qualified doctors and that the idea was that semi-doctors can be made more useful to doctors if they are properly trained. Proceding, the minister referred to the abolition of different courses in medicine like the L. M. P., and said "it is the wish of the central government as well as the state government to abolish class distinction in medical education. In Mysore they have started an L. M. P. course to make up the deficiency in the number of trained doctors. But as far as Madras state is concerned, there will be only one class of doctors holding the M. B., B. S. degree". The minister went on to observe, "within the next four or five years it is hoped to meet the demand for medical personnel. Now there are 5,600 trained allopathic medical men in the Madras state compared to 70,000 in the whole of India. Now there are five medical colleges and with one more college to be opened we will be able to reach self-sufficiency in medical personnel".

Mr. Manickavelu said doctors trained in the indigenous systems of medicine should also be encouraged. They must be encouraged because "there are certain sections of people who want treatment especially under indigenous systems of medicine". Either a college or school for giving proper training in the indigenous systems should be opened. He referred to Mr. Galbraith, the U. S. Ambasador in India who in his convocation address at Jaipur had said that "investment in education is much more important than the construction of dams". In his opinion, Mr. Manickavelu said, "investment in medical education and medical relief is much more important than investment in dams and investment in general education". In the present condition of medical relief, the minister hoped that the span of life could be raised to 57 years in the foreseeable future. Mr. Manickavelu next outlined the government's proposals for the eradication of small-pox and leprosy. The minister referred to the pay scales of doctors and said that considering the strenuous nature of their work, their emoluments were not commensurate with it. A rise in pay scales was given recently as a result of the implementation of the Pay Commission's recommendations. He hoped that in course of time, the government would again consider improving their status and in the meanwhile he appealed to them to do their duty.

Dr. T. V. Sivanandam, M. B., B. S., M. L. C., the retiring president of the Madras State Branch of I. M. A. installed and introduced the new president, Dr. C. Nathamuni Naidu. In his speech on this occasion he stressed the need for keeping up better standards in medical education, emphasised the need for refresher courses for general practitioners and urged the government to do the needful in this regard. He thanked the government for abolishing the integrated system of medicine, and said that a G. C. I. M. should be given two years' course before the M. B., B. S. degree could be awarded to him.

Dr. C. Nathamuni Naidu, the president of the conference, then delivered his address.

The scientific session was to have been inaugurated by Dr. (Kumari) A. B. Maricar, the Director of Medical Services, Madras; but as she suddenly took ill at the last moment, the scientific session was inaugurated in her absence by Dr. P. Kutumbiah (of the Christian Medical College, Vellore) in a very edifying and appropriate speech. The souvenir brought out on this occasion was then released and distributed to the delegates and visitors. The organising secretary, Dr. T. M. Kumaraswami then proposed a vote of thanks to the minister and other dignitaries who graced the function; and the inaugural function terminated with the National Anthem which was played by the band in attendance.

After lunch on 22—12—1961, the scientific sessions commenced at the hall of the Christian Medical College hostel, and the programme was judiciously spread over the 22nd and 23rd of December, when eminent doctors from the Christian Medical College and Hospital, Vellore, delivered lectures on various important subjects of modern medicine. Dr. P. W. Brand, Principal of the Christian Medical College, Vellore, gave a talk on "Reconstructive Surgery of the Hand" and explained how fingers could be reconstructed after damage in an industry or otherwise. Dr. N. Gopinath of the Thoracic Surgery Dept., delivered a lecture on "Dysphagia" when he explained the causes and treatment of Dysphagia. "Bone and Joint Tuberculosis" was the theme of the lecture delivered by Dr. A. J. Selvapandian of the Christian Medical College. The highlight of the scientific session was the presentation of "Dry Clinics" when the history of patients were presented to the doctors for consideration without presenting the patients. The morning session on 23—12—'61 was inaugurated by Dr. H. H. Gass of the Christian Medical College, Vellore and Dr. S. J. Baker (of the college) then explained with slides the epidemic diarrhoeas in North and South Arcot districts which was a topical problem of the day.

There was a programme of variety entertainment (a drama in English, another drama in Tamil and orchestral music) on the evening of the 22nd December by the students and staff of the Christian Medical College, Vellore which was very much appreciated by the delegates.

A special feature of this year's conference was a post-dinner seminar. After the dinner given on the 22nd December in connection with the conference, a Seminar on "Medical Aid in Rural Areas" was held, at which different views were expressed by speakers about the idea of sending fresh medical graduates for service in rural parts, while all of them were agreed that all district and taluk headquarters hospitals should be fully equipped and a mobile unit was necessary for rendering rural medical service. Dr. K. Rangacharyulu (of Hyderabad), the vice-president of the central I. M. A. was in the chair. Dr. T. M. Kumaraswami, initiating the discussions, referred to the proposed compulsory scheme of rural service for medical graduates and said they could not be forced into rural service against their will. He said that before a medical man could be expected to move to a rural area and settle down there, it was essential that all facilities and incentives were created. He suggested that the problem of rural medical service could be solved partially by the establishment of mobile units. Another practical

proposition to tackle the problem was that the government should build dispensaries with living quarters for doctors and having built such units, they could give them to the doctor on loan repayable in instalments. Dr. D. V. Venkappa said that only doctors who had put in about ten or fifteen years of service should be sent to rural parts and it was the duty of the government to provide facilities for them. A mobile unit would go a long way in affording rural medical relief, he added. Dr. P. Kutumbiah said it was the duty of the government to see that the modern medicine reached every nook and corner of the villages. He pleaded for decentralisation of medical services. He said that all the district hospitals and taluk hospitals should be fully equipped. Dr. C. K. Ramachander of Ranipet suggested that as a temporary arrangement the patients should be made to reach the nearest hospitals by mobile vans and for this purpose each panchayat should be provided with a van. The chairman, Dr. K. Rangacharyulu winding up the discussion stressed the need for decentralisation of medical service. He expressed the view that young graduates were not fit for rural service. After the vote of thanks proposed by Dr. C. K. Ramachander, the seminar came to a conclusion.

The annual meeting of the State Council of the Madras State Branch of I. M. A. was held on 22—12—1961 at 4 P. M. The annual report for 1960–'61 was presented by Dr. M. P. Jesudasan, the state secretary. The budget estimate for 1961–'62 and the audited statement of accounts for 1960–'61 were duly passed. Election of office-bearers was held and Dr. A. Pattabi (of Madras) and Dr. B. Rama Rau (of Madras) were elected as the state secretary and treasurer respectively for the year 1961–62 while Dr. T. M. Kumaraswami (of Vellore) was elected as the joint secretary. Dr. T. V. Sivanandam (of Coimbatore) and Dr. C. Nathamuni Naidu (of Ambur) were elected as the representatives to the working committee of central I. M. A. from the Madras state and Dr. K. V. Swamy and Dr. T. V. Srinivasan were elected as the alternate representatives.

The open session of the conference was held at 5 P. M. on the 23rd December 1961, presided over by Dr. C. Nathamuni Naidu, the president. Dr. A. Pattabi, the new state secretary proposed the vote of thanks to the North Arcot branch of I. M. A., the authorities of the Christian Medical College and Hospital, Vellore; the delegates and visitors to the conference; and to all those who were instrumental and helpful for the successful conduct of the conference. The conference terminated with the singing of the National Anthem by those present.

PROGRAMME

Friday, the 22nd December 1961

8-30 a. m.	Breakfast
9-00 a. m.	Registration of delegates and visitors

INAUGURATION

10-00 a. m. Flag Hoisting:

National Flag—Sri C. P. Kelu Erady, I. A. S., Collector, North Arcot District

I. M. A. Flag—Dr. D. V. Venkappa, Past President, I. M. A. (Central)

Prayer

Welcome Address—Dr. John S. Carman, Director, C. M. C. Hospital

Inauguration—Hon'ble Sri M. A. Manickavelu, B.A., B.L., M.L.A., Minister for Revenue and Health

Messages

Initiation of the President—Dr. T. V. Sivanandam, M. B., B. S., M. L. C.

Presidential Address—Dr. C. Nathamuni Naidu, L. M. (Dubin), Z. T. D. (Vienna)

Inauguration-Scientific Session—Dr. P. Kutumbiah, M. A., M. D., F. R. C. P.

Vote of thanks—Dr. T. M. Kumaraswami, Organising Secretary.

National Anthem

12-30 Noon Lunch

SCIENTIFIC SESSION

2-00 to 4-30 p. m.

SYMPOSIUM ON "PRECORDIAL PAIN"

Moderator: Dr. P. Koshy

Speaker:	Time:	Subject:
Dr. George Cherian	2-00 to 2-20 p. m.	Definition and etiology
Dr. S. Janaki	2-20 to 2-40 p. m.	Anatomical and physiological basis of pain
Dr. I. P. Sukumar	2-40 to 3-00 p. m.	Symptomatology
Dr. T. S. Koshy	3-00 to 3-30 p. m.	Diagnostic criteria and differential diagnosis
Dr. R. Subramaniam	3-30 to 4-00 p. m.	Management of precordial pain

Question time: 4-00 to 4-30 p. m.

Meeting of the State Council 4-30 to 6-00 p. m

Conducted tour of the C. M. C. Hospital 4-30 to 6 p. m.
(For members other than those of the State Council)

Variety entertainment 6-00 to 8-00 p. m.

Dinner 8-00 p. m.

Post-Dinner Seminar on "Medical Aid in Rural Areas"

Participants:

Dr. T. M. Kumaraswami — Dr. D. V. Venkappa
Dr. P. Kutumbiah — Dr. K. Rangacharyulu

Saturday, the 23rd December 1961
9-00 a. m. to 1-00 p. m.

Speaker:	Time:	Subject:
Dr. H. H. Gass	9-00 to 9-30 a. m.	Lympho-granuloma venerium
Dr. R. Subramaniam	9-30 to 10-00 a. m.	Management of prolonged fevers
Dr. Malathi Jadhav	10-00 to 10-30 a. m.	Diarrhoeas in infancy and childhood
Dr. Mrs. Prabhavathy Kunders	10-30 to 11-00 a. m.	Gynaecological tuberculosis
Dr. S. J. Baker	11-00 to 11-30 a. m.	Epidemic diarrhoeas in North & South Arcot Districts

Question time: 12-00 to 12-30 noon
Lunch: 1-00 p. m.

2-00 p. m. to 4-30 p. m.
Chairman: Dr. H. S. Bhat

Speaker:	Time:	Subject:
Dr. N. Gopinath	2-00 to 2-30 p. m.	Dysphagia
Dr. P. W. Brand	2-30 to 3-30 p. m.	Reconstructive surgery of the hand
Dr. A. J. Selvapandian	3-00 to 3-30 p. m.	Bone and joint tuberculosis
Dr. H. S. Bhat	3-30 to 4-30 p. m.	"Dry Clinics"

Tea 4-30 p. m.

Open Session of the Conference: 5-00 p. m.

Congratulations!

We congratulate Dr. Mrs. Soundaram Ramachandran on her appointment as Deputy Minister in the Ministry of Education with the Government of India.

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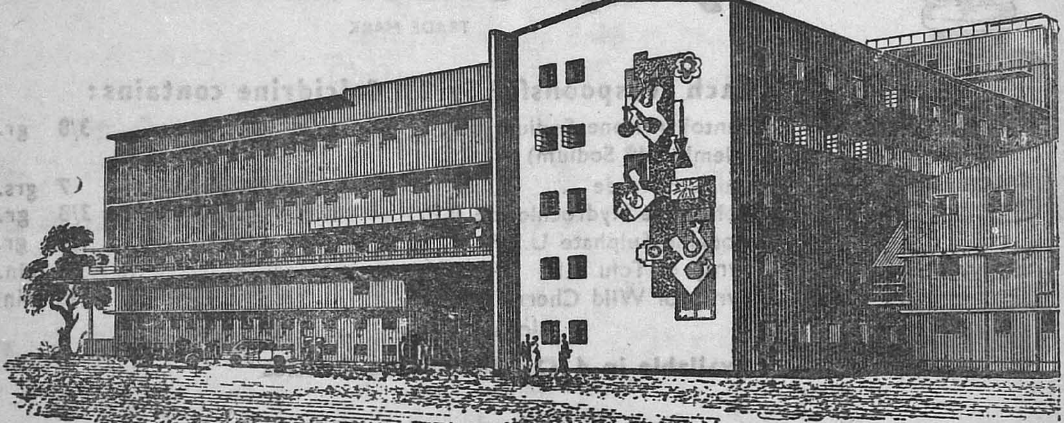

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JOHN S. CARMAN, A. B., M. D., F. R. C. S. (C.),
Director, Christian Medical College and Hospital, Chairman, Reception Committee.

Hon'ble Minister for Health, Dr. P. Kutumbiah, Dr. Nadhamuni Naidu, Delegates, Ladies and Gentlemen,

As chairman of the Reception Committee, it gives me great pleasure to extend to you all a hearty welcome to this 16th Madras State Medical Conference of the Indian Medical Association which is meeting for the first time in Vellore. It is very kind of the State Branch to have accepted Vellore as the venue of the conference giving the opportunity to the North Arcot District Branch of the Indian Medical Association to play the host to all the delegates.

We are indeed proud that the Hon'ble Minister for Health is inaugurating the Conference. I extend a hearty welcome to you, Sir, and we are indeed grateful to you for kindly accepting our invitation to inaugurate this Conference in the midst of your numerous engagements and activities.

We are equally proud that the Scientific Session is being inaugurated by Dr. P. Kutumbiah. We are thankful to you, Dr. P. Kutumbiah, for having kindly accepted to inaugurate the Scientific Session of the Conference which the Reception Committee has taken particular care to be useful and instructive to the general practitioners who form the bulk of the association. We are glad that you have agreed to inaugurate the Scientific Session in the absence of Dr. Miss A. B. Marikar, Director of Medical Services who could not be present here due to indisposition.

It gives me pleasure to welcome Dr. C. Nadamuni Naidu, the President elect of this Conference. You are not only very popular in this district, but you have shown your popularity among the members of the profession in the state in having been elected unanimously. I congratulate you on your election and I trust that your tenure of office as the President of the State Branch of the I. M. A. will be one of active and tangible service for the association.

I welcome all the delegates and visitors to this ancient city of Vellore. We hope that your stay will be pleasant, and that you will enjoy this opportunity of visiting this historic place and confering here on many of the problems and current topics of interest that face all those who are trying to promote health and healing, whether working in institutions large or small, or engaged in practice.

I am sure we are all glad for the tremendous progress which has been made and is being made in trying to provide more adequate facilities for the treatment of patients in cities, towns and villages. We are glad that we have a tradition here that was started by the Founder of our Hospital and Medical College that we should be interested not only in care for the sick of

the town, but that we should also try to extend our work to the more remote places. Dr. Ida S. Scudder started her work here in Vellore with one patient in the spare bed room of her bungalow in 1900. In 1902 she had a forty-bed hospital. In 1906 she started regular visits to surrounding villages which developed into a regular pattern of weekly visits to villages along several of the roads leading out of Vellore. We are glad that this early effort has continued in our mobile dispensaries. We are also glad for the development which is being made in connection with the N. E. S. blocks and also in connection with the rural extension work which we are using for the teaching of our public health internes and public health nurses.

The works of the state medical and public health services, the work of this College and Hospital, and its extension services and the work of many private practitioners here has served to demonstrate the value of co-ordinated and co-operative effort. We hope that this may be continued and extended, so that all the physicians and the patients will be benefitted by the results of our joint endeavour. The North Arcot District Branch of the Indian Medical Association has been able to be of assistance to all of us here in our co-operative effort, and I am sure that those of us working here at Vellore and in North Arcot District will be happy to share our experience with you who come to this conference and to learn many things from you from your experience in other parts of the state. We are glad that there are some visitors also from other states, for we are sure that as we work together in India and for India, we will be able to accomplish more and more as the years go on.

Again I am glad to say WELCOME.

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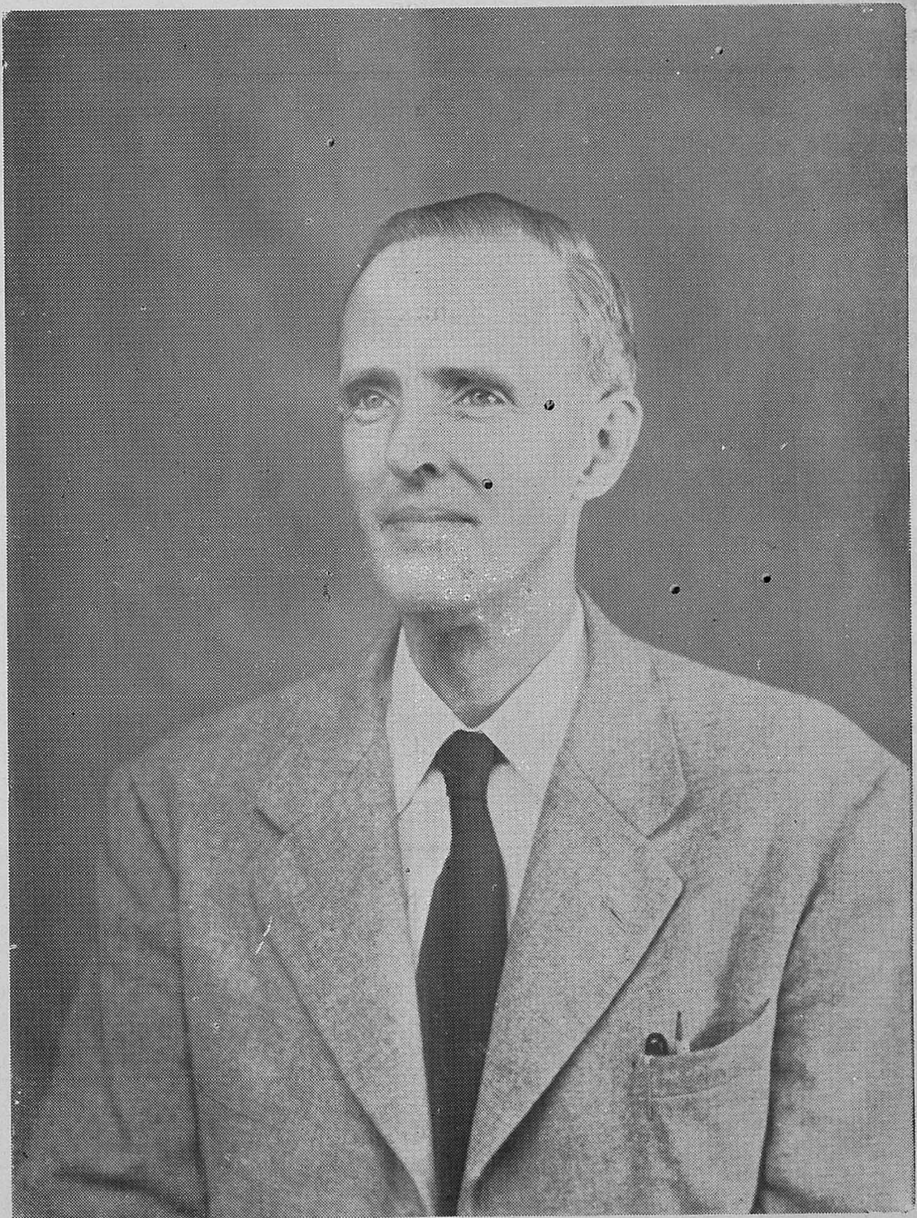
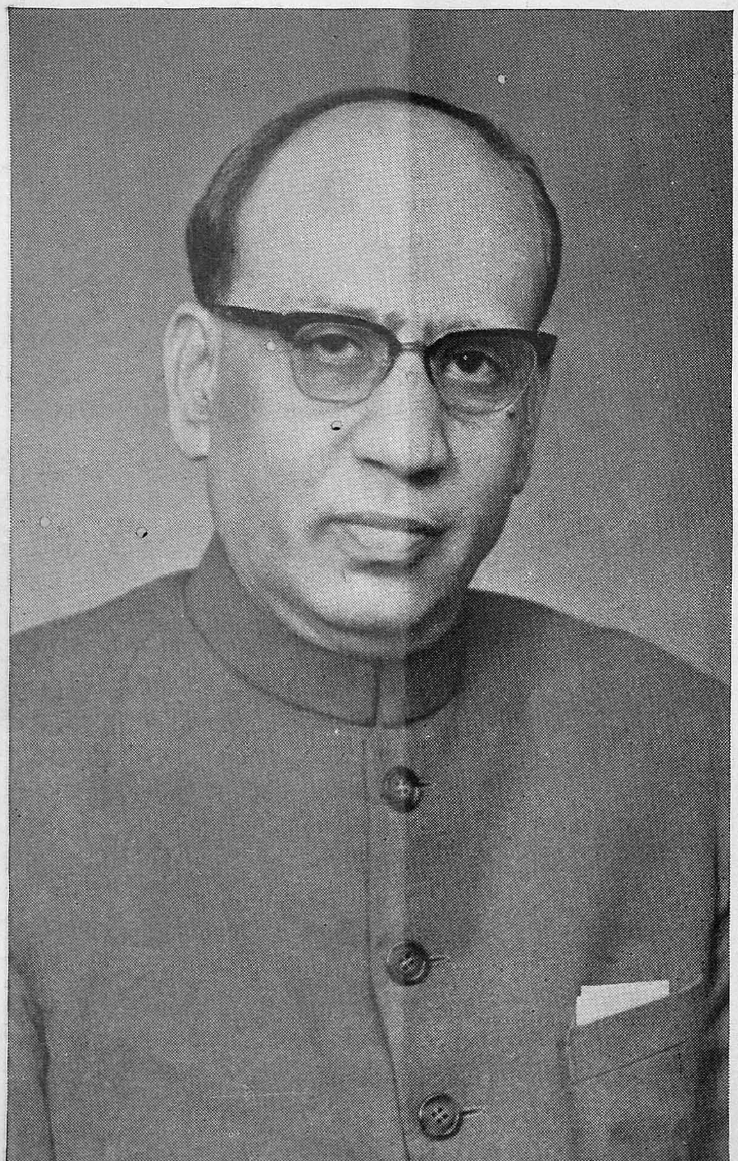
— *Ciple Medical Service - Jan. 1962.*



Dr. JOHN S. CARMAN
Director, Christian Medical College, Vellore

Chairman, Reception Committee



Dr. C. NATHAMUNI NAIDU
President

PRESIDENTIAL ADDRESS

C. NATHAMUNI NAIDU, L. M. (Dublin) Z. T. D. (Vienna.)

Sri M. A. Manickavelu, Hon'ble the Minister for Public Health,

Dr. P. Kutumbiah,

Dr. T. V. Sivanandam,

Dr. Carman, Ladies and Gentlemen,

Let me convey to all the members of the Madras State Branch of the Indian Medical Association my most heartfelt thanks for having unanimously elected me as President which, I consider, is a unique distinction and a proud privilege bestowed upon me. This election proves that out of those esteemed colleagues of mine entitled for this coveted seat, I should have been chosen for the humble services rendered by me is the token of affection and regard towards me which I value most. I am quite aware of the great responsibility I have to shoulder and I hope and trust with the valuable help and co-operation of all the members I shall be able to solve the important problems affecting the profession today.

For more than three decades ever since the two All India Medical Associations sprang up I have been closely associated with their activities and am still rendering what humble services I can for the uplift of the association in particular and the profession in general. One noteworthy fact which comes uppermost to my mind on this important occasion is the existence ef dual All India Medical Associations which were not necessary as both had similar objects to fulfil and, therefore, Vellore gave the verdict in the year 1950 for one united All India Medical Association, the Indian Medical Association which represents the entire medical profession in our country. The undivided Madras state, as you are aware has been a forward state in accomplishing medical reforms and the credit goes to both the organisations for winding up the dual standard recognised by the University, the M. B., B. S. degree. Of the other significant reforms our state has to its credit are the unification of the civil medical services and a democratic medical act which set an example to the sister states in the Indian union. I may state without any contradiction that our state has been the pioneer in the achievement of medical reforms. Medical relief is the pivot on which we render our co-operation and timely assistance in collaboration with the state and central governments. Conferences are held all over India by the state branches such as the one we are witnessing to-day. The All India Medical Cenferences meet at important centres to discuss problems of medical relief, medical education and medical registration pertaining to the several states in the Indian union. These are in brief the activities of our organisation and yet much more has to be done in collaboration with the government in matters affecting public health and medical education. Whilst we are thus marching forward there are some setbacks about which I have to refer to and make my own candid observations on this occasion.

Medical Education and Medical Relief:

Modern medical science has made phenomenal progress and has become universal. The discoveries made and remedies found for the conquest of diseases are indeed staggering. Day after day investigations are going on in the domain of illnesses and the science of medicine is making rapid progress. I may mention here the illness of the President of the Republic of India who had recently been under investigation and treatment by a team of doctors at New Delhi for his ailment which was broadcast in the press is an open testimony of the efficacy of modern scientific treatment. Whilst medical science has been advancing rapidly, different systems of medicine have caught the imagination of the administration and the public and thus given setbacks to the medical relief in our country. I am one who believes that medical science is universal and has no geographical barriers such as indigenous and foreign or past and present. Our profession had emerged out of the struggle for the establishment of an uniform standard of medical education and for the abolition of caste system in it. The state governments have again plunged the profession into a new struggle by organising the Indian system of medicine on an independent basis instead of absorbing them into the modern scientific system of medicine. Impulses of patriotism seem to be the basis of this policy, but I believe it is not right to ignore the demands of science so long as that science is directed towards the welfare of humanity. I submit that science should not be divided into water-tight compartments of past and present as it is indivisible.

It should always be regarded as one progressive whole absorbing what is good in the past and rejecting what has been proved to be wrong today. True of all science, this is truer of medical science because it is not an abstract science like philosophy or astronomy where we can afford to indulge in speculation without harming even a fly, but not a science which deals with human health and its physical happiness. As such it is not right, in fact it is dangerous to divide medical science into systems of past and present or indigenous or foreign.

We are really proud of what our ancients have achieved in the realm of medical science, but I am convinced that if only our great sages of medicine and surgery like Charaka and Susruta were alive today they will undoubtedly repudiate the wild claims of out present Ayurvedic physicians and advise them to fall in line with the advances of modern scientific medicine. There is nothing wrong and unpatriotic in attempting at a true scientific synthesis between the ancient system of medicine and modern medicine. On the other hand it would be wrong to segregate the former and keep it out of contact with the latter. Therefore, the state and central governments should find a way of escape from the confusion of purposes that seem to distract them at present. The most suitable way would be to introduce ancient medicine as post-graduate course. This would enable the students of modern medicine in our country to learn what our great men of the past did for medical science and in what way their thoughts and observations could be improved, added or retested under modern technique of experience and investigation.

I may point out on this occasion the pronouncement made by the Prime Minister, Jawaharlal Nehru while inaugurating the medical educational conference recently at New Delhi. "Every medical practitioner should have a basic qualification in modern medicine and then specialise in Ayurvedic or Unani or Homeopathic systems of medicine and practice any or all of them if he so choses". The Prime Minister has very correctly stated the attitude of the Union government on this problem in the following statement: "There is much controversy often about the Ayurvedic and Unani systems of medicine. It is necessary, however, that every approach to this problem should be made on the basis of the scientific method and persons who are Ayurvedic or Unani physicains should also have a full knowledge of modern methods. This means that there should be a basic training in scientific method for all, including those who wish to practice Ayurvedic or Unani systems. Having got their basic training a person may practice either system or Homeopathy. The question is thus not a conflict between various systems but of sound education in knowledge as it is today and then freedom to apply it according to any system. It is the scientific approach that is important". If the Union Government would implement the suggestion of the Prime Minister and see that the state governments also follow its lead, then the tone and quality of medical relief would be vastly improved.

The other unfortunate set back in some of the states is the introduction of a shorter course of medicine where diplomas are granted by government on the plea of medical relief and which come for recognition to the Medical Council of India. Some of them are combined courses in modern and ancient medicine, whilst others are purely of substandard variety. Recently the government of Mysore have determined to start medical schools on the plea of rural medical relief. It is a tragedy that an enlightened state like Mysore should think of a remedy which is worse than the disease. We got rid of the L. M. P. course after great stress and struggle and for very many reasons, In Bangalore the course was abolished as late as 1957 and why this tragedy should recur it is not known. I am afraid the attempt would fail and even if it succeeds it would be a sorry spectacle. The division of states into linguistic regions and each state becoming autonomous not having the co-operation with each other is another tragedy. The central government should guide the states in matters of supreme importance such as public health and medical education. The statement that public health is the look out of the health minister of a state and cannot be interfered with is astounding and unimaginable, when the Medical Council of India had been recently on a deputation to Bangalore not to embark on such a retrograde step. The Indian Medical Association had already passed resolutions not to start substandard medical institutions detrimental to the interests of our country. The oft quoted slogan of the advocates of rural medical relief that medical graduates fresh from the colleges are unwilling to go to rural areas is as astonishing as it is unworkable. What experience have they to serve in villages and relieve human suffering. To quote the opinion of an experienced educationist and an authority in medicine published in the press, I refer to the following passage: "As one who worked in a rural hospital for 25 years and since 1949 in Vellore (which tries to prepare its students for rural work as a first choice) I am very conscious of the

continued need for doctors in rural areas like yourself (the editor of the Hindu). I have the misgivings about the **unleashing of inexperienced young men** on the villagers. The newly qualified doctors should be encouraged to be in large hospitals, if there is no room in his own teaching hospital, then a district hospital where he can have other people senior to himself available for the sharing of doubt in diagnosis or treatment. It is fair neither to the doctor nor to his patients to put him straight in an isolated country place where he cannot find a second opinion within miles. But considering that over 20 p. c. of the people of India live in rural areas where there is only one doctor to 40,000 people, the need is tremendous and the country districts must be supplied with doctors". This is the pronouncement of no other than our famous and well known medical man and our countryman, Dr. T. H. Somerwell. The other ostensible reason as to why doctors are unwilling to serve in rural areas is the want of amenities, good roads, water supply, schools for children, etc. I need not dilate further as it is the duty of the government to look to these important items. I would even suggest that it should be made compulsory for those service doctors with 10 or 12 years experience to go to the villages for service and give them the needed relief. I hope and trust our government would take into consideration the views put forth on behalf of the profession and our association.

Admission to Medical Colleges:

The next item on which I desire to dwell is with regard to admission of the students in medical colleges. The committees and personality tests have given rise to doubts and difficulties. Merit must be the only criterion on which selections ought to be made. A concession may be shown to backward communities, but even there merit should not be lost sight of.

The premia set by some states and institutions in selecting pupils who can afford to pay huge sums of money to augment the funds of medical institutions is a great obstacle for the advancement and maintenance of high standards of medical education in the country. Government and the universities should not lower the flag. They must step in to stem this tide.

The medium of instruction should be English for very many years to come and this should be applicable to all science subjects. Prof. Huxley stated emphatically and clearly that English alone will be the best medium in the world for the spread of all scientific knowledge.

College for General Practitioners:

Sri D. P. Karmarkar, Union Minister for Health, addressing the 36th All India Medical Conference at Indore asked the Indian Medical Association to work out a scheme for starting a college for general practitioners and assured the necessary financial aid and other assistance from the government. I suggest that there should be one such college in every state which will go a long way in improving the standard of professional and of the national health.

I am very glad to note that well organised refresher course lectures are conducted by the Christian Medical College for the last two years. I appeal to the authorities of the Christian Medical College to start a "College of General Practitioners" with the help and co-operation of the North Arcot District Branch of the Indian Medical Association as a pioneering project for the benefit of the medical practitioners working in the interior and who are desirous of acquiring advanced knowledge and experience by undergoing short courses in different specialities.

Semi Doctors:

The recent ministerial pronouncement that semi-doctors with a shorter course of training to work as assistants to medical men in rural parts has taken the medical profession by surprise. This is a great setback and a retrograde step that could befall mankind. A little retrospection would convince the sponsors of semi-doctors how this step is most undesirable.

In the pre-congress days dual system of medical education was prevalent, viz. the diploma course and the university degree. Dr. T. S. S. Rajan, when he was the health minister under the congress regime, abolished the diplama course and unified the profession by retaining the medical degree alone. Madras state was the pioneer and an example for other states in the Indian union to copy the example as in other walks of life. Mysore fell in line with this but last year that state reverted to the L. M. P. diploma and the degree course. In view of the rapid advances in science, and particularly in the medical field to revert to the old system of differenciation in medical profession is certainly deplorable.

The rich and middle class people get themselves treated by specialists and they can afford it. Even here the government bear the expenses of officials and their families. In these democratic days the masses are the backbone of social structure. When we talk of the socialistic pattern of society our poor brethern in the villages must demand great attention. The advent of panchayat raj should benefit the masses.

The word 'semi' in the case of doctors sounds jarring! In view of the opening of many medical colleges all over the Indian union, more doctors are bound to be produced, and their services will be available for the country. It is a well-known fact that good many doctors do not go to work in rural dispensaries and hospitals for want of proper amenities, emoluments, educational facilities for their children, etc. Thanks to the present administration, the panchayat unions have taken up the responsibility of providing good roads, establishment of schools and hospitals for the amelioration of the masses.

It has been stated that common ailments can be treated by semi-doctors with a short term course. Proper treatment for ailments must be given at the early stages alone by fully qualified and efficient doctors to curb the growth and spread of diseases. A common disease neglected at

the primary stage may become virulent and irresistable later on. So ailments must be nipped in the bud by fully qualified and efficient men and not by half baked and ill baked doctors of the semi type!

Our government should see that the graduates alone are put in charge of hospitals and permitted to treat the masses. These semi-doctors will do more harm to the country and they will be detrimental to public health. Public health should be the primary charge on revenues and government should not grudge to get 'A' class doctors to look after the human values of the land. Government must give up the scheme of training semi-doctors and find ways and means to treat the common man by fully qualified and efficient doctors. Short cuts in medicine are very dangerous and we cannot play and experiment with human lives.

On behalf of the medical profession, on behalf of the people in whose welfare we are all interested, I like to draw the attention of the powers to the incalculable harm these semi-doctors would cause to humanity. I am very much disheartened to state that the powers-that-be are not able to tackle the problem in the right manner. The haphazard and ill-conceived measures are not going to satisfy the profession or the public. The sooner the authors of this category of creating meddlesome doctors give up this step the better, as they would be adding to the nnmber of quacks who are plentifully found in our country.

The Indian Medical Council Act:

This act of 1933 was promulgated by the then British government to serve its own purposes. The act was stoutly and vehemently opposed by the entire profession and the two All India Medical Associations. Yet it continued to have its full sway on the profession creating unnecessary complexes detrimental to the growth and progress of the profession. It shut off from its purview a large section of medical practitioners who were registered in the state medical councils. After a lapse of 23 years and the birth of the Indian republic seeing the amount of opposition, perhaps the administration had brought an amendment in the shape of a Bill of 1956 to include all those registered medical practitioners in the state medical councils so that they might have an all India medical register as this council has had no register so far. It was expected that a common alphabetical register would be formed as the congress government desired the act to become democratic as was done at Madras and eleswhere afterwards. What surprises us most was our expectations were dramatically thwarted by the introduction of four schedules to differentiate the qualifications and those who prossessed diplomas granted by the government and included in the purview of this act were put into the third schedule which is against a medical act which does not make any such differences. After a good deal of trouble such of those who happened to be nominated on behalf of those registered practitioners had tabled a resolution for a common schedule and a common alphabetical register. This resolution was thrown out by the council. Eventually a second resolution was tabled to divide the register state wise and schedule wise which was defeated by a narrow majority.

The central government had to come to the rescue for this legitimate claim of the practitioners and had ordered the council to have a common alphabetical register. As the schedules are still continuing and can be removed by an act of Parliament, the register now is stated to be under preparation with great handicaps unless those chosen representatives agitate for a common schedule and amend the act which was dividing the profession. The representatives who are seven in number have now an uphill task of bringing about this reform and I hope and trust wisdom will prevail and the act would emerge in the manner it should. I am in close contact with one of the seven chosen representatives whose experience of this council is that they have no work and are mere spectators beyond getting a handsome travelling allowance for each meeting. The present bill of 1956 has neither a preamble nor has it defined the minimum standard whilst those who possess university qualifications are recognised both in Britain and India, the rest are left unhonoured, unwept and unsung. I am very sorry and pained to make those observations because the council is perpetuating casteism and compartments when the act does not envisage such differences. It is my hope and prayer that the central government should again come to our rescue to abolish all the schedules which go against the very principles of a democratic act. The bringing about of a common alphabetical register under the circumstances with schedules will be an enormous and laborious task not only for the medical council of India but the state councils which have already got a common alphabetical register. On account of those repercussions and transformations the medical council of India is not able to exercise any disciplinary control and couduct ethical cases and to fix the minimum qualification for registration. The only function left open for the council is the duty of supervising universities and medical education imparted in medical colleges in India and giving their verdict.

The Madras State Medical Council:

The Madras State Medical Council is constituted under Section 5 of the Madras Medical Registration Act, 1914. At present any practitioner registered with the council can be elected by the registered medical practitioners under section 5 (1) (f) of the act as members of the council. There is no disqualification for standing for election as a member on the ground that the candidate is not residing within the state of Madras. The council is, however, only for the state of Madras and it is not appropriate that a non-resident practitioner should be elected as member. Further all registered practitioners, wherever they may reside, are entitled to vote and this may be one of the reasons for the non residents being returned at the elections. It is accordingly necessary that the franchise should be limited to practitioners residing within the state and that non-residence within the state should be a disqualification for standing as a candidate for election. The question of amending the act on these lines has been recommended to the government by the Madras Medical Council and is pending with the government. It will be advantageous for the government to take steps to have the act amended on the above lines at least at the next season of the legislature.

Family Planning:

This is a subject which is attracting the attention of the medical profession and the public and government are adopting suitable measures to popularise the scheme in all possible ways. Recent data have shown that the two five year plans had under-estimated the increase in population size and have therefore erred in being over-optimistic in setting up of targets. The main reasons for this error were two-fold: (1) the rapidity with which the death-rate was declining had not been fully realised; (2) the problems in effecting a reduction in birth rate had not been fully appreciated.

When the first five year plan was inaugurated, India's population was 362 millions. The central statistical department has given a figure of 431 millions for India's population in 1961 as compared with 408 milllions which was the 2nd plan estimate. So in a period of ten years from 1951 to 1961, the population would have grown by 70 millions. The object of stabilising the population has certainly to be regarded as an essential element in a strategy of development.

The birth rate at the present time given by the statistical department is at 41 per 1,000 and death rate at 22 per 1,000 resulting in an increase of 19 per 1,000 or 1.9 per cent per annum. Stabilising the population would imply that there should be no gap between the birth and death rates. If the death rate should stand at its present level of 22 per 1,000, this would require a reduction in the birth rate from 41 to 22 per 1,000 or to about one half of its present level; but as the death rate can be expected to fall still further due to several life saving drugs and treatment by modern scientific medicine, the birth rate will definitely require to be reduced by more than half if the size of the population is to be stabilised. Therefore, the family planning should be given the highest priority in the third five year plan. Our parent body, the Indian Medical Association has comitted itself to render all help and co-operation. Various family planning clinics are started both in urban and rural areas. The villager is now alive to the problems of over population and a lot of propaganda is necessary to carry out the programme. Though it is easy to do propaganda in cities it requires any amount of persuasion and tact to convince the villager. Our country is not yet free from prejudices where a section of people believes that children are the gifts of God. Where people pine for children they don't have them and when they are unwanted they are born. There are still people who believe in having as many children as possible and are the least worried about their upkeep as they say to prove the adage usually prevalent in this part of the country, the man who plants the tree is not responsible for its growth and its fruits as others are there to protect and safeguard! So, in human nature we find different temperaments and different characteristics. Coming to the actual problem it is my belief that the best remedy for birth control is self control which is a rare commodity found among human beings unless they happen to be spritually inclined. The other things come in turn such as condoms, jellies and other contraceptives. Dr. Abraham Stone advised the rhythm method or safe period which seems to have been successful in

some cases. The later methods are vasectomy in males and sterlisation in females. Of the two, the latter seems to be more effective. They say vasectomy has its own complications. So it is a period of 'watch and wait'. This vexed questions of birth control or planned parenthood and family planning as they are called require investigation and study. We cannot adopt any hasty or half way methods. To a professional audience I see before me the problem is left for solution as we are the custodians of public health and welfare in our country. It is the duty of the family doctors to shoulder this responsibility and hence our profession has to play a great part in carrying out the programme. Next comes the duty of the government to take care of its citizens with the help and co-operation of the profession. It is up to this conference to formulate plans and programmes in family planning.

Pharmaceutical Industry and Drugs Control:

Before the advent of Swaraj our country was entirely dependent upon foreign imports for most of its requirements of drugs. The market was filled with all sorts of sub-standard and spurious drugs as there was no proper control over the quality of drugs. Thanks to the introduction of Drugs Act, 1940, the position has vastly improved. However, the position can be further improved by strengthening the existing drugs control administration in the states. This can be achieved by increasing the number of the field staff like drugs inspectors and improving their service conditions which is not very attractive at present. In this connection I may mention that all state governments should think in terms of creating separate directorate of drugs control as has been done in the states of Bombay, Gujarat and Kerala. The pharmaceutical industry which was practically non-existant during the thirties has developed to a great extent after the advent of independence. Thanks to the farsighted policy followed by the commerce and industries ministry under the able guidance of Sri T. T. Krishnamachari, the then minister who was responsible for setting up a pharmaceutical enquiry committee and implementing its recommendations which has ultimately resulted in many of the foreign firms starting their own factories in India. This has benefited the country in saving foreign exchange and also protecting indigenous manufacture of drugs from heavy foreign competition. However, the position regarding the manufactnre of basic chemicals is yet to be solved. I hope this will be solved with the starting of the five pharmaceutical industries proposed by the government of India with Russian aid and such other efforts made in this direction. I only sincerely wish that the government in their enthusiasm to save foreign exchange does not deprive the medical profession of the valuable new drugs that are continuously being produced in foreign countries by extensive and expensive research in their fight against diseases which our country can ill-afford at present.

Service Conditions of Civil Assistant Surgeons:

Private Practice by Government Medical Officers: The scale of pay of civil assistant surgeons is much lower than that of health officers on the assumption that C. A. S. are allowed consulting practice and other

compensatory allowances. This "Consulting Practice" in the medical code should be substituted by the "Restricted Practice", the restriction being only prevention of maintenance of nursing homes by government medical officers. The members should be free to offer consultations to patients without the intermeding of a private practitioner. Para 642 of the Madras Medical Code should be amended accordingly.

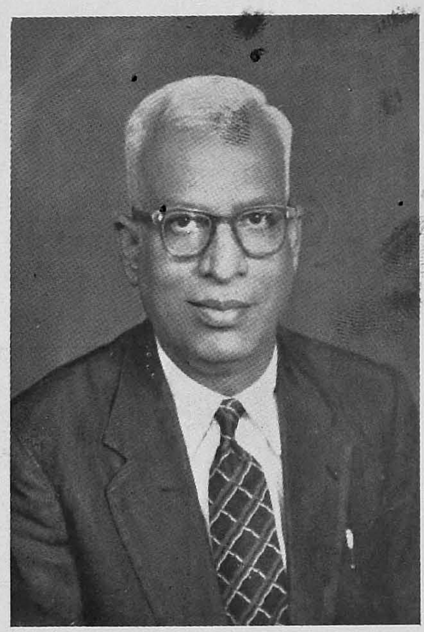
Pay Scale of Government Medical Officers: As per the Pay Commission recommendation, the scale of pay of civil assistant surgeons is Rs. 300–15–450–25–75 and that of the selection grade assistant surgeons Rs. 450–25–650. This compares quite unfavourably with the new Andhra Pradesh government scales, viz. Rs. 325–20–425–700 and Rs. 500–800 respectively. The scale of pay of railway assistant surgeons is Rs. 335–650. The annual increment of Rs. 15/- granted to civil assistant surgeons of Madras state is the lowest compared with the other gazetted grades in the state or elsewhere and is not befitting to the grade. In view of the foregoing considerations, I suggest this modest modification of the grades as follows:—

Civil assistant surgeons ...	Rs. 325–20–45–650
Selection grade assistant surgeons ...	500–30–620–40–800

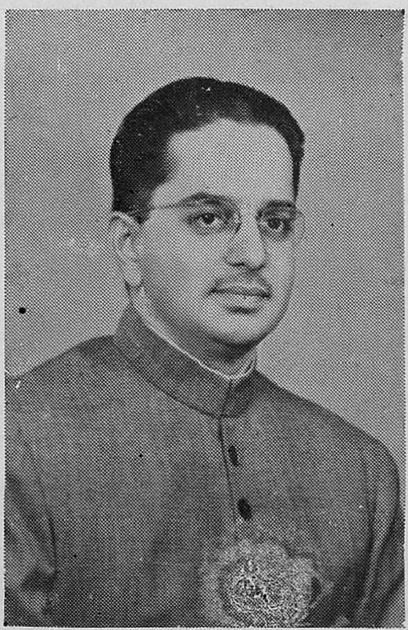
In the earlier part of my address I have given my views regarding medical education and public health. Modern scientific medicine is progressing by leaps and bounds. The inventions and discoveries are staggering. Tuberculosis which was incurable before has been made curable even without going to sanatoria. Leprosy likewise in earlier stages can be cured and in later stages the lives of lepers are made comfortable by treating deformities. Propaganda is made on a large scale to eradicate these two scourges. The doctors in this field of humanitarian work have to be admired and appreciated. The building in which we are assembled to day was a small hospital to which a medical school was attached later. The selfless endeavours by a band of workers of whom I cannot but make a special mention today have now resulted in a renowned institution, the Christian Medical College, whose name and fame have spread far and wide due to the genius of the late Dr. Ida Scudder with a band of fellow workers whose noble mission has been the relief of human suffering.

Before closing my address, I have to make a few observations. It was my intention to touch only the current topics affecting us and not the other items which usually form part of the presidential address delivered at other state branches. What I sincerely feel is that our organisation must be taken into confidence before problems concerning the profession as regards medical relief and medical education are considered by our state governments. It is also my appeal from this platform that different medical associations having separate existence to merge with the Indian Medical Association in order to promote the consolidation and unity of the profession and become branches of the parent body as is happening abroad like the British Medical Association in Great Britain. It is high

Dr. V. SAMUEL
Vice - President



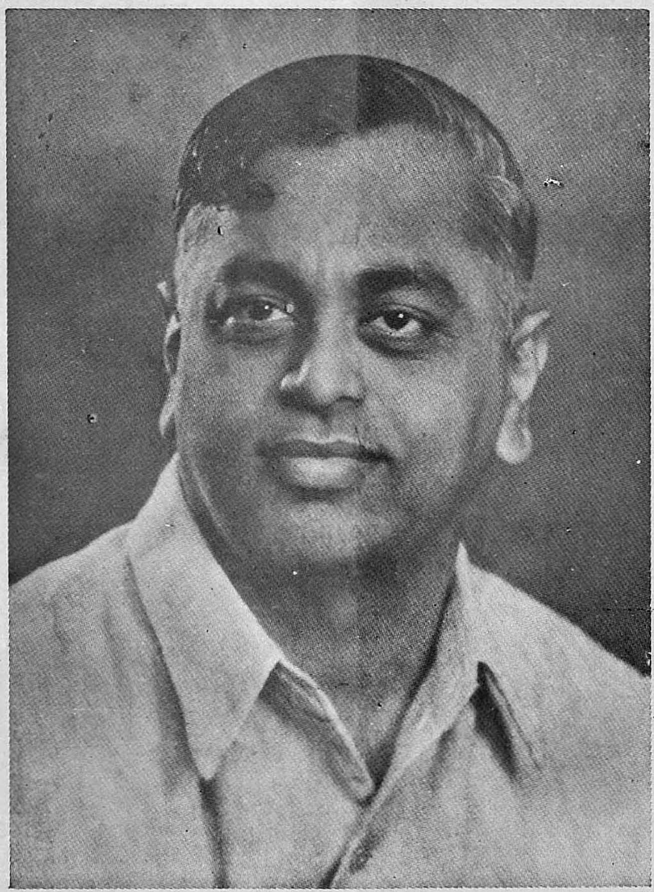
Dr. A. PATTABHI
Honorary Secretary



Dr. B. RAMA RAU
Treasurer

Dr. T. M. KUMARASWAMI
Honorary Joint Secretary

Congratulations .....



We congratulate **Dr. T. V. SIVANANDAM,** M. B., B. S., M. L. C., past President of the State Branch and a Member of the Editorial Committee of the Madras Clinical Journal on his recent re-election to the Madras Legislative Council from the Madras West Graduates Constituency comprising of the districts of Nilgiris, Salem and Coimbatore.

time, therefore, that these isolated associations must close their rank and file and merge with the Indian Medical Association, there lie our strength and there lie our victory and salvation.

I once again request all the doctors of modern scientific medicine to become members of the Indian Medical Association in large numbers.

Last but not least, may I take this opportunity of conveying on my behalf and on behalf of you all my warm and sincere thanks for the unique and cordial manner with which the Reception Committee of the Sixteenth Medical Conference of the Madras State Branch of the Indian Medical Association have arranged this conference in this splendid manner at Vellore which is the Mecca of medical men in our country.

Thank you.

JAI HIND.

INDIAN MEDICAL ASSOCIATION - MADRAS STATE BRANCH

OFFICE - BEARERS FOR THE YEAR

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Dr. C. Nathamuni Naidu, L. M. (Dub.), Z. T. D. (Vienna),
The Poly Clinic, Ambur, North Arcot District.

Vice - Presidents :

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Dr. V. Samuel, L. M. P., J. P.,
"Myrtle Cottage", 40, Tana Street, Vepery, Madras - 7.

Honorary State Secretary :

Dr. A. Pattabi, D. M. & S.,
63, Swami Naicken Street, Chintadripet, Madras - 2.

Honorary Joint Secretary :

Dr. T. M. Kumaraswami, D. M. & S., L. O.,
32, Thennamaram Street, Vellore, North Arcot District.

Honorary Treasurer :

Dr. B. Rama Rau, B. Sc., M. B., B. S.,
Director, "Ramarau Polyclinic"
453, Poonamallee High Road, Kilpauk, Madras - 10.

CONFERENCE RESOLUTIONS

1. This conference deeply regrets the death of members of the association occurred during the year and pays its homage to the souls of the departed whose services for the cause of the association were most valuable.

Proposed by the president and carried unanimously.

2. This conference resolves to request the government to take early action to provincialise the services of the medical personnel in the service of the local boards and municipalities in the state.

Proposed by : Dr. T. V. Srinivasan — Trichy.
Seconded by : Dr. C. K. Ramachander — Ranipet.

3. This conference resolves to request the government to take energetic action to put down quackery in medicine now prevalent in the state.

Proposed by : Dr. A. Pattabi — Madras.
Seconded by : Dr. M. P. Jesudasen — Coimbatore.

4. This conference resolves to request the government to remove the difference between the scale of pay of the medical personnel in the service of the local boards and municipalities and introduce an uniform scale of pay for them on a par with the scale obtaining for medical personnel in the government service.

Proposed by : Dr. S. Muthukaruppa Pillai — Nagercoil.
Seconded by : Dr. T. V. Srinivasan — Trichy.

5. This conference resolves to request the government to have a separate Directorate of Drug Control for the pharmaceutical industry and the drug trade to enforce the observance of the concerned rules as in the sister states of Gujarat, Bombay and Kerala, in the interests of the purity and standard quality in the manufacture of drugs.

Proposed by : Dr. T. V. Srinivasan — Trichy.
Seconded by : Dr. M. P. Jesudasen — Coimbatore.

6. This conference resolves to request the government to find out ways and means to render medical aid in rural areas by creating medical centres with necessary amenities and mobile vans.

Proposed by : Dr. T. M. Kumaraswami — Vellore.
Seconded by : Dr. A. Pattabi — Madras.

7. This conference resolves to address the government to increase the scale of pay of civil surgeons, civil assistant surgeons, and medical officers in the service of local boards and municipalities over and above the recommendation of the Pay Commission so as to ensure uniformity in the scale of pay of the medical personnel.

Proposed by : Dr. M. P. Jesudasen — Coimbatore.
Seconded by : Dr. T. V. Srinivasan — Trichy.

8. This conference requests the government not to sub-standardise medical education in a manner detrimental to modern scientific medicine and to have one minimum standard, the M. B., B. S. of the university.

Proposed by : Dr. M. P. Jesudasen — Coimbatore.
Seconded by : Dr. A. Pattabi — Madras.

9. This conference resolves that a College of General Practitioners should be instituted in the Madras state and to request the government to grant adequate financial aid as promised by the Hon'ble Minister for Health with the Government of India.

Proposed by : Dr. C. K. Ramachander — Ranipet.
Seconded by : Dr. T. M. Kumaraswami — Vellore.

10. This conference resolves to request the government to amend the Madras Medical Act further after the formation of linguistic states so as to have the registration confined to the state only so that the franchise may be limited to the practitioners residing within the state. Reciprocity may be resorted to as and when found necessary from other states.

Proposed by : Dr. M. P. Jesudasen — Coimbatore.
Seconded by : Dr. A. Pattabi — Madras.

LETTER TO THE EDITOR

.........Now that the central fund contributions are being collected, it will be a good idea to publish the membership numbers of each branch (old and new) to show the progress made by each in securing more members.

I wrote to the British Council in Madras and College of General Practitioners in London for assistance in getting the taped talks on different medical subjects owned by the College of GPs. They have been extremely nice and have offered their tapes. To avoid customs difficulties, it may be advisable to get them through the British Council. It appears that no one in India has been getting these, though medical colleges in Pakistan have been getting them. We are hoping to get the first tape for our meeting in June. For small branches like Anamalais where it is difficult to get good speakers it will be a good idea to get these tapes for playing to the audience. Some of the tapes are provided with transparancies to illustrate the talks......... .

Coonoor,
5—4—1962

P. V. KURIAN.

NOTES ON NEW PRODUCTS

COLLOFAC

Serum cholesterol level is raised in many conditions. Foremost amongst these are diseases of the cardiovascular system such as hypertension, atherosclerosis, arteriosclerosis, angina pectoris, myocardial infarction and cerebrovascular catastrophies. Evidence is accumulating to suggest that a relationship exists between hypercholesterolaemia and cardiovascular disease. It has been stated that serum cholesterol level is lowered by a high intake of certain oils which are rich in essential fatty acids. Further, it has been observed that by limiting the amount of animal fat ingested and supplementing the diet with vegetable fat it is possible to lower the serum lipids in patients with atherosclerosis.

The principal constituent of Collofac is safflower oil which contains more linoleic acid (active essential fatty acid) than any other fat which is readily available. Nicotinic acid is added to Collofac for its vasodilatory and serum cholesterol lowering properties. Collofac also contains pyridoxine hydrochloride which is necessary for the conversion of linoleic acid into arachidonic acid – the primary essential fatty acid. Tocopheryl acetate which is included in the Collofac formula is intended to protect linoleic acid from oxidation.

Collofac is a palatable emulsion and is indicated whenever it is desired to reduce the level of the serum cholesterol.

Available in 340 ml bottles.

DERMASULF

Sulphur is used for the treatment of a variety of skin diseases, but elemental sulphur depends for its therapeutic activity on its conversion to soluble polythionates. The unconverted sulphur remaining on the skin is liable to produce undesirable side effects.

Dermasulf is a stable aqueous solution of complex polythionic acids and their salts. There is no free sulphur to cause reaction. It is odourless and colourless and can be applied to any part of the body including the face and scalp. It leaves no visible residue subsequent to application, causes no discolouration of hair and does not soil clothing. Because of these features, Dermasulf is cosmetically acceptable to patients.

Dermasulf is particularly indicated in acne vulgaris and seborrhoeic conditions. It can be applied to the affected areas with the finger tips or a suitable pad. For treating the scalp, the solution is applied with a dropper and gently massaged in with the finger tips.

Available in 28 ml bottles.

PARABAL

Parabal is detoxicated phenobarbitone and offers to the profession a completely new form of phenobarbitone therapy. Each tablet contains 260 mg of phenobarbitone sodium dihydroxyaluminiumaminoacetate. The active principle in each tablet consists of 1/6 gr. sodium phenobarbitone combined with a glycine derivative.

By virtue of this presentation, Parabal reduces the intake of phenobarbitone to one sixth without loss of sedation. Clinical effectiveness is maintained with elimination of side effects and an increase in the safety margin of phenobarbitone therapy is achieved.

Parabal is indicated in a wide range of medical and psychiatric disorders, to mention a few, emotional instability, premenstrual tension, menopausal disorders of the psyche, insomnia and hypertension.

Available in bottles of 100 and 1,000 tablets.

PROLADONE

Proladone, dihydrohydroxycodeinone pectinate, is a potent analgesic with prolonged duration of action, producing no habituation or sensitisation and having a high therapeutic ratio.

In the trials carried out in the United Kingdom involving a total of over 1,000 patients, between 77% and 91% had effective relief from pain.

It has been observed that one ampoule of Proladone given intramuscularly has an analgesic effect comparable to that of 10 mg. morphine or 100 mg. pethidine. The duration of effective analgesia varies from 5-13 hours or more.

Proladone is a viscous aqueous solution, each ml. containing 10 mg. dihydrohydroxycodeinone as pectinate.

Available in boxes of 6 ampoules.

The sale and use of Proladone is subject to D. D. A. regulations.

SEDASMA

SEDASMA tablets have been formulated for use in diseases of the respiratory system characterised by cough, sputum, bronchospasm and anxiety. Each sugar coated tablet contains ephedrine hydrochloride (30 mg.), quinalbarbitone (30 mg.), theophylline (60 mg.), and guaiacyl glycerl ether (100 mg).

Sedasma tablets are particularly indicated in bronchial asthma and acute and chronic bronchitis.

Available in bottles of 30 and 250 tablets.

— *The Crookes Laboratories Limited, Court House, Carnac Road, Bombay - 2.*

ASSOCIATION NOTES

BRANCH NOTES

Salem Branch:

Proceedings of the Annual Meeting held on 10—2—1962.

Dr. Sundaram presiding, the meeting commenced at 6 P. M.

The election of office-bearers for 1962–'63 took place.

President	:	Dr. K. Jayaramachandran
Vice-President	:	Dr. Paramananthan
Secretary	:	Dr. B. Mukambu
Jt. Secretary	:	Dr. P. K. Chandrapal
Treasurer	:	Dr. K. V. Dhanakoti Naidu
Auditor	:	Dr. K. Valeeswaran

Executive Committee Members:

1. Dr. R. N. Sujir
2. Dr. S. Mahadevan
3. Dr. M. R. Srinivasan
4. Dr. S. Arthanari
5. Dr. U. S. Lakshmi

State Council Members:

1. Dr. P. K. Chandrapal
2. Dr. Capt. Govindarajulu
3. Dr. S. Shanmughasundaram

Representative to Central Council:

Dr. V. Hariharan,
Alternative Representative.
Dr. K. Jayaramachandran.

Drs. Asirvadham, Kameswaran and Maj. Naidu of the Madurai College addressed the Association on 'Standards in Surgery, Recent Advances in E. N. T. Diseases and Modern Treatment of Skin Diseases'.

Tea and dinner was by kind courtesy of Messrs. South India Manufacturing Co., Madurai.

Tiruchy Branch:

A monthly meeting of the association was held on Saturday the 10th February 1962 at the High School premises, Srirangam. Dr. T. V. Ranganathan the President presided.

Dr. S. Shanmugham, M. B., B. S., F. R. C. S., Assistant Surgeon, Govt. Erskine Hospital, Madurai addressed the members on "A Few Aspects of Recent Trends in Surgery".

Then Dr. K. Bhaskar Rao, M. D., Professor of Obstetrics and Gynaecology, Madurai Medical College and Obstetrician and Gynaecologist, Govt. Erskine Hospital, Madurai addressed the members on "Common Gynaecological Problems in General Practice"

Both the lectures were very much appreciated by the members and in the discussion many members took part.

The secretary proposed a vote of thanks to the lecturers.

Then there was a grand dinner and after a proposal of vote of thanks by the secretary to the doctors of Srirangam for their fine arrangements for the meeting and their kind hospitality for playing as hosts on the occasion and to the Headmaster, High School, Srirangam for their kind permission to hold the meeting the meeting came to a close at 10 P. M.

AMUSING MINUTES

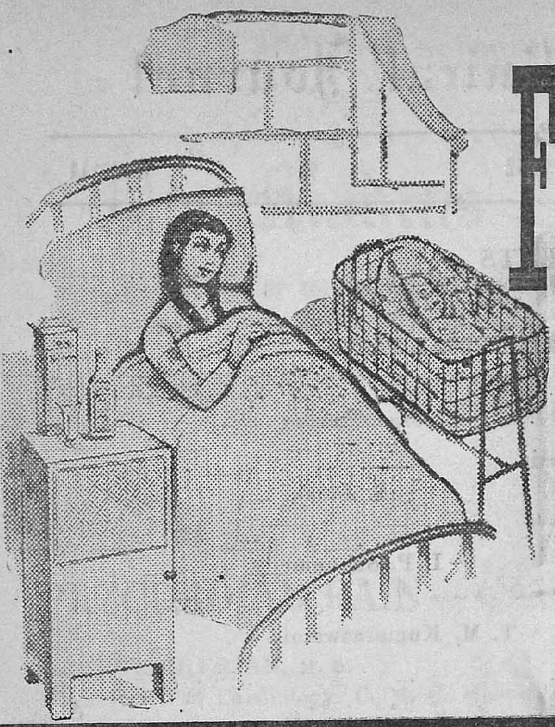
A lady consulted me for the skin affection of her child. I examined the baby and prescribed "SKINDEX", a preparation to be used as an external application and advised her to do so and instructed her to bring the patient after 3 days.

The child was brought duly and the skin condition had become worse. As I did not find any trace of her application of "SKINDEX" ointment, I asked her why she had not applied the same. She said, "Doctor, I am regularly applying that as per your advice and have done so even a few minutes before, but the preparation won't stick". This made me curious and I asked her to show me the preparation I prescribed. She immediately brought forth a rubber condom with the trade name "SKINTEX" and said that is what she got on my prescription and applied it regularly to the baby. I understood why there was no improvement, but she cannot understand what that is for.

— *Capt. K. Govindarajulu.*

OBITUARY

We regret to report the unfortunate demise of Dr. D. V. Venkappa of Madras, a senior member of our Association, a past President of the I. M. A. on 11—4—'62.



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